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ABSTRACT

The manual is intended to help Florida teachers of homebound or hospitalized children cope with the unusual demands of the position. Difficulties faced by such teachers are noted, including low student motivation, parents' need for support, and a setting not conducive to learning. A brief history of homebound educational services is followed by an analysis of Florida services to this population. Special teacher characteristics are considered. Regulations are cited along with recommendations for practice in providing instructional programs. Among aspects considered are socialization, peer relationships, home emotional climate, testing, scheduling, the instructional environment, graduation and grade requirement, referral to special programs or additional services, and coping with traumatic events. Final sections touch on parent involvement and program evaluation. (CL)

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A RESOURCE MANUAL FOR THE DEVELOPMENT AND EVALUATION OF SPECIAL PROGRAMS FOR EXCEPTIONAL STUDENTS

VOLUME IV-B
A Training Manual For Teachers of the Homebound/Hospitalized Student

State of Florida
Department of Education
Tallahassee, Florida
Ralph D. Turlington, Commissioner
Affirmative action/equal opportunity employer

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June 1983

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FLORIDA DEPARTMENT OF EDUCATION
DIVISION OF PUBLIC SCHOOLS
BUREAU OF EDUCATION FOR EXCEPTIONAL STUDENTS

Florida Department of Education Publications in Exceptional Student Education

The following is a list of publications developed by the Bureau of Education for Exceptional Students to assist local school systems in the provision of special programs for exceptional students. For additional information, please contact:

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RESOURCE MANUALS

Laws and Rules

___ Volume I-B: Florida Statutes and State Board of Education Rules: Excerpts for Programs for Exceptional Students, 1982.

___ Volume I-C: Federal Laws and Regulations Pertaining to the Education of Exceptional Students - P.L. 94-142, Sec. 504, and P.L. 89-313, 1982.

___ Volume I-E: Florida Statutes and State Board of Education Rules: Florida School for the Deaf and the Blind - Florida Department of Health and Rehabilitative Services, 1980.

Program Manuals

___ Volume II-A: Visually Impaired

___ Volume II-B: Mentally Handicapped, 1982.

___ Volume II-C: Speech and Language Impaired, 1979.

___ Volume II-D: Hearing Impaired: Deaf and Hard of Hearing

___ Volume II-E: Emotionally Handicapped, 1981.

___ Volume II-F: Specific Learning Disabilities, 1980.

___ Volume II-G: Gifted, 1980.

___ Volume II-H: Homebound/Hospitalized, 1980.

___ Volume II-I: Physically Impaired, 1977.

___ Volume II-J: Occupational and Physical Therapy, 1982.

___ Volume II-K: Deaf-Blind, 1982.

Topical Manuals

___ Volume III-A: Individual Educational Programs, 1980.

___ Volume III-B: Evaluating the Non-English Speaking Handicapped, 1982.

___ Volume III-C: Mediation and Due Process Procedures, 1982.

___ Volume III-D: Maintaining Education Records of Pupils and Adult Students, 1982.

___ Volume III-E: Alternative Communication Systems for Non-Vocal Students, 1982.

___ Volume III-F: Electronic Communication Devices for Visually Impaired Students, 1982.

___ Volume III-G: Alternative Delivery Systems for Homebound/Hospitalized Students, 1982.

___ Volume III-H: Supplement User's Guide AAMD ABS-PSV, 1981.

___ Volume III-I: Computer Assisted Instruction and Support for the Handicapped: Interim Report, 1982.

Training Manuals

___ Volume IV-A: Training Manual for School Bus Drivers Transporting the Handicapped, 1982.

___ Volume IV-B: A Training Manual for Teachers of the Homebound/Hospitalized Student, 1980.

Curriculum Planning Resources

___ Volume V-A: Curriculum Planning Resource Manual for Developmental Skills and Communication Skills; Hearing Impaired: Deaf and Hard of Hearing, 1977.

___ Volume V-B: MODELL: Music or Drama to Enhance Language Learning, 1982.

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PREFACE

This Handbook was made possible by a few dedicated and concerned persons who perceived a need for training among teachers entering the home/hospital instruction area and also for those with experience in the area. The State Steering Committee for Programs for the Homebound/Hospitalized undertook the task of writing the Handbook to provide specific information helpful to the teacher in the field concerning the unique characteristic of this instructional model.

We gratefully acknowledge the contribution which the committee has made. Persons involved in education in general and especially District Administrators of Special Education, supervisors, teachers, and students in home/hospital programs will realize the benefit.

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TABLE OF CONTENTS

Introduction 1

History 2

Statewide Activities 2

The Teacher of the Homebound or Hospitalized Student 3

Instructional Programs 4

Parental Involvement 8

Evaluation of Home/Hospital Programs 9

Appendix 10

INTRODUCTION

The purpose of this Handbook is to provide a training manual for teachers who are teaching students in the home or hospital or for those who intend to do so at some time in the future. Teachers who function in this capacity often face unique situations which require specific skills. The Handbook is designed to help the teacher cope with the unusual demands of the job.

Teaching students who are in the home or hospital setting differs from other teaching assignments in several significant ways. These differences require that the teacher be adaptable and flexible, and possess a broad range of skills. Some unique aspects of the teaching assignment are:

1. The teacher may be required to teach at all grade levels and in most subject areas, K-12.

2. The teacher may be required to teach students from a variety of exceptional education programs.

3. The student may be severely ill, critically injured or heavily medicated.

4. The student may be terminally ill.

5. The parent(s) may be under stress and might need support, interaction and empathy.

6. A home or hospital environment may not be conducive to learning.

7. Motivation to learn may be at a low level while the student is homebound or hospitalized.

The teacher often teaches a wide variety of subjects and students. Therefore, a close working relationship between the teacher in the home/hospital program and the student's regular teacher(s) must be established in order to maintain the student's level with his peer group and to insure that he will return to school able to progress with his class.

A seriously ill or injured student often is far less responsive than he would be under normal circumstances. Motivation to learn may be minimal. Emotional overlays are not unusual when the medical prognosis is guarded. Medication may interfere with the student's performance. Fatigue also may impede learning. The teacher who enters the home or hospital must be able to assess these factors quickly and provide a learning atmosphere which will allow the student to work at his present optimal level while not exerting undue pressure which could hinder his recovery. The instructional component should be highly motivating and the assignments relevant and interesting.

In the case of the terminally ill student most of the above factors are more pronounced. How much instruction and for how long remain unanswered questions for teachers and these students. The emotional trauma surrounding impending death can be extremely difficult and require highly skilled interaction by the teacher with both the student and the parent(s). In other cases, the teacher may observe varying degrees of parental stress which require the exercise of professional judgement in many situations involving interaction with the parent(s). Treading the fine line of being aware of the emotional needs of the parent while performing the primary responsibility of instructing the student can be extremely difficult.

HISTORY

The first Homebound educational service began in Newton, Iowa in 1939, using the telephone as the teaching medium. Between 1948-1957 the Homebound services acquired the title "Homebound Instruction" and teachers were encouraged to become involved in this field. In 1958 the Council for Exceptional Children created the Division of the Association of Educators of Homebound/Hospitalized Children.

Homebound services for Florida students unable to attend schools began in 1945. As the number of homebound or hospitalized students increased, additional teachers were needed. This service was extended to include the hospitalized and entitled "Homebound/Hospitalized Program".

Between 1967 and 1978 the number of full-time teachers serving homebound/hospitalized students increased from 78 to 250, with programs being offered in 65 of Florida's 67 school districts serving approximately 6,000 students in Florida.

STATEWIDE ACTIVITIES

At present there are several statewide activities involving persons who are teaching or supervising in programs for the homebound/hospitalized student. The Florida Home/Hospital Teachers Association is the recognized professional group representing home/hospital programs and services. A business meeting is held annually in conjunction with the Special Study Institute.

The Florida Department of Education, Division of Public Schools, Bureau of Education for Exceptional Students has held a Special Study Institute each year for the purpose of providing training to teachers and supervisors in the program. This three day institute is geared to the needs and interests of persons in the field.

A State Steering Committee was established in 1976 which is representative of teachers and supervisors in home/hospital programs in the state, principals, counselors and district administrators of special education, to assist in developing state guidelines for program development and evaluation. The Steering Committee meets twice a year in a two day session.

A consultant for programs for the home/hospital is available for technical assistance to programs in the state and has the responsibility of carrying out all auditing-monitoring functions for the Department of Education. The consultant coordinates all statewide activities which are sponsored by the Department of Education, Bureau of Education for Exceptional Students.

THE TEACHER OF THE HOMEBOUND OR HOSPITALIZED STUDENT

In addition to the generic competencies* that all teachers should have, teachers of homebound/hospitalized students should have some special qualities. First and foremost, teachers must be able to work with students who are seriously ill or have handicapping conditions. Negative personal reactions to physical or emotional conditions seriously impair teaching effectiveness. Teachers should have an optimistic attitude and an ability to help students set positive goals that are within their reach. The ability to adjust lesson plans on a day to day basis through a sensitivity to the student's physical and emotional status is a major attribute. Skills in this area keep the pressure off of the teacher and the student, but assures a steady progression toward completion of the academic goals.

As instructional materials are selected and as materials are acquired from the classroom teacher, the teacher will assess the functioning level of the students and select materials that are appropriate for students whose mental abilities can range from lowest mental acuity to gifted and talented.

The parent should be encouraged to provide an environment which is conducive to a quiet, educationally stimulating, uninterrupted teaching session. This should be arranged as much as possible with the parent on the initial visit as the teacher explains the requirements to the parent and student and discusses student needs.

A teacher will need an understanding of the physiological and psychological effects of a long, debilitating, or terminal illness upon the student and the family. There is a fine line between being supportive and promoting a dependency relationship. The former is productive, the latter is not. School or community resource people should be involved in cases of this nature.

*See Appendix - Twenty-three Generic Teacher Competencies

The home/hospital teacher is in a unique liaison position to blend the home or hospital, school, and community into a cooperative effort for students. The opportunity to convey to the classroom teachers and other school personnel an understanding of the role of the home/hospital teacher and the need to work together to design a program for each student is a primary responsibility of the home/hospital teacher. A teacher who is assigned to the home or hospital may often gain valuable insights into the needs of students and make recommendations for any special programs or considerations which students might need. The teacher should avoid assuming other professional roles.

This teaching job is different. It is isolating, frustrating, changing and exciting. The teacher may be in environments that are too hot, too cold; in mansions or in shacks; with slightly ill or gravely ill students. Each day is a challenge to the teacher's skills and personal aptitudes.

INSTRUCTIONAL PROGRAMS

The appropriate educational plan developed in a home/hospital program must depend on the student's medical condition and mobility as well as the educational environment for instruction. In addition to the academic and the elective courses for eligible students from regular public schools, programs specifically for exceptional students may be offered in the home or hospital from age three (3). If below age 3 children who are deaf, blind, severely physically handicapped and the trainable mentally retarded may receive home instruction (6A-6.331). Districts should provide appropriately certified teachers for exceptional students.

Curriculum may be limited to the basic or major subjects to enable the student to progress with his respective class. Refer to Volume II-H: Home/Hospital Resource Manual and district policy in developing a student's curriculum. Home/hospital instructors supplement the instructional program with educational television programs, television instruction, kits, textbooks, science equipment and a variety of audio-visual equipment.

Eligible students are taught on home/hospital when certified to be out of school for three weeks or longer. Long term or terminal placement is less frequent and requires more intensive intervention strategies.

Home/hospital instructors can be:

Full Time - A teacher who teaches a full week and carries a case load of only home/hospital instruction.

Hourly - A teacher employed on a hour by hour basis. This could be for one or more homebound/hospitalized students during or after school hours.

Part Time - A full-time teacher who works on a part time basis teaching home/hospital students and part time in another capacity.

Teleclass - A home/hospital teacher responsible for planning and presenting instruction over the telephone at a centrally designated location.

In a hospital setting instruction may take place at the student's bedside, in a classroom within the hospital or in a self-contained school within the hospital. In some instances instruction may also be provided to out-patients who are receiving medical treatment on an intermittant basis in a hospital.

Recently districts in the State of Florida have incorporated tele-class instructional programs. Tele-class instruction students are taught by use of the telephone, by a teacher in a central location. Up to twenty students may be taught at a time and students have the opportunity to work auditorily with all or any portion of the total group.

Socialization:

During the school year the formation of self-concept and ways of identifying with others is an important consideration for instruction. The student on a home/hospital program will have few opportunities for such experiences. The skillful teacher will provide a setting for learning that includes positive social experiences, choices for possible action, ways for him to study and understand his interactions, and support in his developing social skills.

Peer relationships:

To continue normal or expected relationships at this time may seem impossible. When the teacher considers the needs of the student, many sources and possibilities may be used. The teacher will want to determine the student's self-concept, available stilumi, normalizing influences to be brought in and possible goals.

Emotional climate in the home:

Some students and their families cope with the existence of a confining illness or injury and resolve the situation in the family unit. Other families appear incapable of coping with the situation. In other homes there are many problems that existed prior to this new and threatening situation. Each will have influence on the teaching environment. To ignore the impact of the emotional climate in the home would be almost impossible for it may help or hinder the learning situation. The teacher may be able to set the scene and control it but, if not, must devise ways to live and work with the situation as it exists.

Testing:

Home/hospital students will follow the same testing procedure as regular students, where applicable. The testing program includes Achievement, Aptitude and Statewide Assessment, grades 3, 5, 8, 11, and State Assessment, Part II (Functional Literacy) in 11th. The teacher will

initiate the process by arranging for tests to be administered as scheduled throughout the district. Remediation is the responsibility of the home/hospital teacher.

The homebound/hospitalized student will be required to participate in the district and state student assessment program unless eligible for exemption under state guidelines. If the student is referred from the regular program he will take the same test as the regular student and be subject to the district pupil progression plan. If the student is referred from the exceptional student program he will be evaluated by the same assessment criteria as the students of that exceptionality and be subject to the district pupil progressive plan. Generally the home/hospital teacher is responsible for the evaluation, testing and grading for the student while the student is in the home/hospital program.

Scheduling:

The home/hospital teacher must plan a schedule to coincide with the time frames of the regular school day. Conference time with the school counselor and/or teacher(s) to determine the student's needs as to course requirements and functioning level is essential in planning the student's course work. Scheduling appointments prior to visits in the schools or agencies will reduce long waiting periods.

The home/hospital teacher should be included as one of the school staff in staff activities. Isolation from regular contact within a school base reduces a valuable source of information, interaction with staff on a regular basis, and functioning as part of the school program.

Scheduling for the homebound/hospitalized student is usually determined by the home/hospital teacher's existing student load, geographic location of students, and travel time between teaching assignments. The time allowance for instruction should be a minimum of two hours per week as recommended in the Resource Manual for the Development and Evaluation of Special Programs for Exceptional Students - Volume II-H Homebound/Hospitalized. The teacher should plan for four hours per week with two or more instructional periods for comprehensive instruction when students have many academic requirements.

Student scheduling factors influencing instruction would center on requirements of medical care, fatigue, and other physical limitations. The parent should be provided a printed copy of the teacher's schedule for the student's instructional periods. The parent should be expected to have the student ready for instruction at the scheduled time. The parents and student must be flexible in adjustment of their home routine to allow the teacher to maintain the schedule.

Students will be given homework between scheduled visits. If the student is unable to complete assignments because of poor study habits the teacher should request the student maintain a chart indicating the amount of time utilized in study and class preparation between instruction periods.

The hospital teacher may schedule bedside teaching on a one to one basis when the student is unable to receive instruction within the hospital classroom setting. The hospital classroom should be located away from hospital routine insofar as possible.

The home/hospital teacher should schedule:

*contact with the student's regular school program
*medical consultations by telephone and visitation when necessary
*record keeping activities
*contact with other community agencies

The Instructional Environment:

The teaching setting for the home/hospital teacher is usually informal. The teaching environment should include:

1. adequate air and lighting;
2. quiet environment without radio and television;
3. regular place to work;
4. support of the parent to continue and maintain an educational program;
5. the presence of an adult in the home during the instructional period.

The home/hospital teacher must remember that the student is not responsible for his home environment. The teacher is not to judge the environment. The teacher must work to promote academic support from the regular school personnel and within the student's family.

Guidance and Counseling:

In addition to instructional, motivational and adapting skills, certain guidance and counseling skills will be helpful.

Graduation and Grade Requirement:

Usually the guidance counselor or responsible person will have evaluated these needs. However, it is important that the home/hospital teacher insure that all requirements are being met, especially at the secondary level. Vocational course or GED information varies from area to area and time to time. Get up-to-date information from suitable sources as needed.

Referral to Special Programs or Additional Services:

A student may need the services of one of the special areas, such as a speech consultant. Contact the administrator of exceptional student education to refer the student for these services. If a student is to be referred to a special program upon his return to school make this recommendation to the regular school or refer through established procedures.

Coping or Adjusting to Traumatic Events:

Skill in handling dramatic or traumatic events and the ensuing problems, is also important for the home/hospital teacher. It is often difficult to remain objective or to not become involved. Know yourself and your limitations, especially during emotionally involving episodes. The teacher may need to find ways of helping the student or his family in coping with a medical problem of limited duration or in adjusting to a new lifestyle and career change. Investigate every channel of services open to the student.

This is probably the longest, closest association with a teacher the student has ever had or will have again. The student sees the teacher away from the desk and blackboard, and has no place to hide when asked questions. Both teacher and student are away from the school environment and these meetings will be taking place in his environment.

PARENTAL INVOLVEMENT

The parent or guardian plays an integral part of the home/hospital instructional program delivery process. From the initial referral of a student to the program through the time the student returns to the home school the parent is recognized as a part of the team.

The parent's initial involvement usually takes place with the referral of the student to the home/hospital office. At this time pertinent information concerning the student is recorded. Some of these items may include the student's:

> Full name, home address, home phone number, birthdate, sex, school and grade, parents' name, business address, business phone number, medical problem, doctor's name, and doctor's address.

Within a short period of time the parent will recieve a variety of forms to read and sign. These forms may include basic information and guidelines of the home/hospital instructional program, a statement agreeing to allow the child to participate in the home/hospital program, a statement that the home/hospital instructional program instructions have been read and understood, a parent/guardian consent form for release of physician's information and a list of procedural safeguards. If there is a delay in receiving any of these forms or information requested, the parent is called and asked to assist in getting the additional information needed.

Once a student has been found to be eligible for home/hospital placement, a home/hospital instructor will call the parent to set up a schedule for instructional visitation. The parent may also be asked to obtain the textbooks or other educational material from the home school.

During the student's placement on home/hospital, schedule changes often take place, (the student may be too ill for instruction, a doctor's visit is

needed, etc.). It is the parent who will relay this information to the home/hospital office or the home/hospital instructor. The parent should assist with the monitoring of the educational assignments and the completion by the student of the homework assignments.

Occasionally before the expiration of the medical prognosis, the parent will note the medical progress of the student and determine readiness for the student to return to the home school. When this occurs, the parent will notify the teacher or the home/hospital instructional office, and arrangements to reassign the student to the home school can then be made.

EVALUATION OF HOME/HOSPITAL PROGRAMS

The parent of the home/hospital student is more directly associated with the educational process than in any other school program. Teacher/parent communication occurs every time a teacher goes to the home for an instructional session. Therefore, there is an on-going informal evaluation by the parent. The teacher may have an evaluation session with the parent when a student is placed back into the regular program at the end of home/hospital program. The district may mail evaluation forms to the parent that include evaluation of teaching, service, or the total program.

The student's evaluation of the home/hospital program will be reflected in the parent's formal and informal evaluation. The home/hospital teaching situation can be an opportunity to instill in the student a positive attitude toward teachers and learning. Students may be given a check list to evaluate the home/hospital learning experience after he returns to the regular school program.

The student who returns to the regular school program having covered the same materials as his classmates will reflect the home/hospital teaching in a positive light. Some districts design evaluations or check lists for school personnel to evaluate the home/hospital program. Sections of this evaluation could be done by the principal, the guidance counselor and the classroom teacher.

The district evaluation of the home/hospital program is a cummulative report of the parent, child, school and formal student assessment. The district must evaluate the home/hospital program in relation to service to identified students and the cost effective analysis. An exceptional student advisory committee and district administration may collect data each year and make recommendations to the school board.

APPENDIX

Florida's Essential Generic Competencies

Communications Skills

1. Demonstrate the ability to orally communicate information on a given topic in a coherent and logical manner.

2. Demonstrate the ability to write in a logical easily understood style with appropriate grammar and sentence structure.

3. Demonstrate the ability to comprehend and interpret a message after listening.

4. Demonstrate the ability to read, comprehend, and interpret professional material.

Basic General Knowledge

5. Demonstrate the ability to add, subtract, and multiply, and divide.

6. Demonstrate an awareness of patterns of physical and social development in students.

Technical Skills

7. Diagnose the entry knowledge and/or skill of students for a given set of instructional objectives using diagnostic tests, teacher observations, and student records.

8. Identify long-range goals for a given subject area.

9. Construct and sequence related short-range objectives for a given subject area.

10. Select, adapt, and/or develop instructional materials for a given set of instructional objectives and student learning needs.

11. Select/develop and sequence related learning activities appropriate for a given set of instructional objectives and student learning needs.

12. Establish rapport with students in the classroom by using verbal and/or visual motivational devices.

13. Present directions for carrying out an instructional activity.

14. Construct or assemble a classroom test to measure student performance according to criteria based upon objectives.

Administrative Skills

15. Establish a set of classroom routines and procedures for utilization of materials and physical movement.

16. Formulate a standard for student behavior in the classroom.

17. Identify causes of classroom misbehavior and employ a technique(s) for correcting it.

18. Identify and/or develop a system for keeping records of class and individual student progress.

Interpersonal Skills

19. Counsel with students both individually and collectively concerning their academic needs.

20. Identify and/or demonstrate behaviors which reflect a feeling for the dignity and worth of other people including those from other ethnic, cultural, linguistic, and economic groups.

21. Demonstrate instructional and social skills which assist students in developing a positive self-concept.

22. Demonstrate instructional and social skills which assist students in interacting constructively with their peers.

23. Demonstrate teaching skills which assist students in developing their own values, attitudes, and beliefs.

State of Florida
Department of Education
Tallahassee, Florida
Ralph D. Turlington, Commissioner
Affirmative action/equal
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